(LB 028 REV 3/99)

SEED SAMPLE ANALYSIS REQUEST FORM

(In accordance with Act 329, Public Acts 1965 as amended)

MICHIGAN DEPARTMENT OF AGRICULTURE LABORATORY DIVISION - SEED SECTION 1615 SOUTH HARRISON ROAD EAST LANSING, MI 48823 STEVE McGUIRE STATE SEED ANALYST PH: (517) 337-5084 or 337-5085 FAX: (517)337-5094

PACKAGE

DELIV BY

REMITTANCE

NAME	CK#

ADDRESS CITY/STATE /ZIP PHONE #/FAX #											RECEIPT#	
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Consult Schedule of Fees for sample weights to submit and current fees. Make check or money order payable to State of Michigan. Customers not providing payment will be billed at the address given. Seed samples must be properly drawn and be representative of the lot. Include a lot number with each sample. Mail or bring samples to the lab in strong containers such as heavy paper or cloth bags, cardboard cartons, metal cans, etc. Send samples to the address shown above and please complete this form and include with each sample or group of samples submitted for testing. You may duplicate this form or request more as needed. Consult the State Seed Analyst for special tests or other seed-related information. Avoid phoning for sample results unless absolutely necessary. Results will be mailed as soon as they are available. This lab performs the cold test on soybeans, field beans and			CHECK TESTS DESIRED									
			Check box if seed TREATED	PURITY AND NOXIOUS WEED	GERMINATION	COLD TEST GERMINATIO	SEED CC	BLIGHT SEED COUNT	MOSAIC	ANTHRACNOSE	OTHER*	LAB USE ONLY LAB NO.
Results will be mailed as soon as corn only. If a noxious weed exa	AND S WEI	DUNT										
SEED KIND & VARIETY IF KNOWN LOT NO.		<u>s</u> .	ED	Z					SE			

 $[\]overline{*}$ 'OTHER TEST' EXPLANATION AND/OR REMARKS: